

<sup>2</sup> The Board notes that following the August 17, 2018 decision, OWCP received additional evidence. However, the Board’s *Rules of Procedure* provides: “The Board’s review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal.” 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

## **ISSUE**

The issue is whether appellant has met his burden of proof to establish a right knee condition causally related to the accepted April 22, 2018 employment incident.

## **FACTUAL HISTORY**

On April 22, 2018 appellant, then a 63-year-old transportation security officer, filed a traumatic injury claim (Form CA-1) alleging that, on that same date, he developed right knee swelling and pain while in the performance of duty. He noted that the cause of the condition was unknown. Appellant stopped work, notified his supervisor, and first sought emergency medical treatment on the date of the incident.

In a May 8, 2018 Kaiser Permanente form report, Dr. Sonya Linda Jo Meyers, Board-certified in occupational medicine, reported that the incident occurred on April 22, 2018 the while appellant was working at San Jose International Airport when he began to experience right knee pain as he was walking through the checked baggage area. She reported that he was not carrying anything at the time the pain developed. Appellant reported having three different work areas, which included the computer area, the oversized luggage area, and the cellar. He reported an increase in work due to spring break and a shortage of personnel over the prior two months, resulting in 10-hour work shifts, additional shifts, and overtime. Appellant denied any blunt trauma or prior injury to the right knee. Dr. Meyers noted that he was treated at the emergency department five days prior when he underwent diagnostic testing and was taken off work. She discussed a prior industrial including a right knee injury for meniscus tear, which was treated with meniscectomy in 2009 and a left knee and right elbow contusion after a fall on August 26, 2016. Dr. Meyers indicated that appellant had worked full time for the employing establishment since 2003 and his duties entailed walking and standing for 8 to 10 hours per day, lifting and twisting up to 50 pounds for approximately half of the day, and one hour of seated computer work. She provided findings on physical examination, noted review of right knee diagnostic testing, and diagnosed right knee hemarthrosis and right knee osteoarthritis. Dr. Meyers reported that, without further medical investigation, she was unable to determine whether appellant's employment activities contributed to his current condition. She requested an orthopedic consultation to determine whether work-related repetitive walking, osteoarthritis, and anticoagulation therapy was causing a spontaneous hemarthrosis of the right knee. Appellant was placed on modified duty.

In a June 25, 2018 work status report, Dr. Meyers provided work restrictions and diagnosed tendinitis of right patellar tendon, tendinitis of right quadriceps tendon, and osteoarthritis of right knee.

In a development letter dated July 5, 2018, OWCP informed appellant that the evidence of record was insufficient to establish his claim. It advised him of the type of medical and factual evidence needed and provided a questionnaire for his completion. The questionnaire requested that appellant specify whether he was claiming an occupational disease or a traumatic injury based on the definitions provided. OWCP afforded him 30 days to submit the requested evidence.

In a July 16, 2018 narrative statement in response to OWCP's questionnaire, appellant indicated that he was claiming a traumatic injury. He described the circumstances surrounding the

April 22, 2018 incident when he was walking from one workstation to another and began to experience minor pain in his right knee. Appellant was able to reach the second workstation without difficulty and resumed work. Approximately 20 minutes later, he began to experience significant pain and swelling. Appellant reported that his job duties consisted of repetitive lifting and carrying bags and suitcases weighing between 10 and 50 pounds and that this repetitive lifting caused his injury.

In a July 13, 2018 report, Dr. Meyers related that appellant was last evaluated for a nontraumatic right knee hemarthrosis, noting that he was on Coumadin for deep vein thrombosis. She reported that on April 22, 2018 appellant was working and had been repetitively lifting and carrying heavy suitcases for inspection of contents. Appellant was walking 50 yards from the entrance to his usual workstation area when he experienced right knee pain. Dr. Meyers discussed appellant's medical evaluations beginning on April 22, 2018 at the emergency department where he was admitted for hemarthrosis of the right knee. She discussed the findings of the diagnostic reports, explaining that a May 8, 2018 right knee x-ray revealed moderate arthritis and a June 9, 2018 right knee magnetic resonance imaging scan revealed low grade partial tearing posterior aspect distal quad tendon, tendinosis of patellar tendon, tricompartmental degenerative changes, and maceration of medial and lateral menisci. Dr. Meyers diagnosed tendinitis of right patellar tendon, tendinitis of right quadriceps tendon, osteoarthritis of right knee, and hemarthrosis of the right knee. She reported that the hemarthrosis was secondary to Coumadin use/osteoarthritis of right knee/exacerbation of right knee osteoarthritis due to an increase in repetitive movement at work during the spring break travel season. Dr. Meyers opined that the underlying cause of appellant's symptoms was his right knee arthritis and Coumadin medication use, a nonindustrial condition. For the stated mechanism, appellant reported repeatedly lifting and carrying heavy suitcases for security prior to loading on airplanes during a busy spring break travel season around April 22, 2018, without which activity the preexisting condition would not have become disabling or required medical treatment. A July 13, 2018 work status report was also submitted in which she reiterated her diagnoses and provided physical restrictions.

By decision dated August 17, 2018, OWCP denied the claim, finding that the medical evidence of record was insufficient to establish that the diagnosed right knee conditions were causally related to the accepted April 22, 2018 employment incident.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was filed within the applicable time limitation, that an injury was sustained while in the performance of duty as alleged, and that any disability or specific condition for which compensation is claimed are causally related to the

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<sup>3</sup> *Supra* note 1.

employment injury.<sup>4</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.<sup>5</sup>

In order to determine whether an employee actually sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred.<sup>6</sup> The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.<sup>7</sup>

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical evidence.<sup>8</sup> The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant. The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.<sup>9</sup>

### **ANALYSIS**

The Board finds that appellant has not met his burden of proof to establish that his diagnosed right knee conditions are causally related to the accepted April 22, 2018 employment incident.

In support of his claim, appellant submitted reports from Dr. Meyers, his treating physician. In a May 8, 2018 form report, Dr. Meyers diagnosed hemarthrosis and right knee osteoarthritis. She reported that she was unable to determine, without further medical investigation, whether appellant's employment activities caused or contributed to his current condition. In June 25 and July 13, 2018 work status report, Dr. Meyers provided physical restrictions, but again did not opine whether appellant's diagnosed conditions were causally related to the accepted employment incident. The Board has held that medical evidence that does not offer an opinion regarding the

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<sup>4</sup> S.S., Docket No. 18-1488 (issued March 11, 2019); *Gary J. Watling*, 52 ECAB 278 (2001).

<sup>5</sup> D.J., Docket No. 18-0620 (issued October 10, 2018); *Michael E. Smith*, 50 ECAB 313 (1999).

<sup>6</sup> K.L., Docket No. 18-1029 (issued January 9, 2019); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>7</sup> *Id.*

<sup>8</sup> See A.H., Docket No. 18-0722 (issued November 6, 2018); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

<sup>9</sup> K.K., Docket No. 18-1209 (issued March 7, 2019); *James Mack*, 43 ECAB 321 (1991).

cause of an employee's condition is of no probative value on the issue of causal relationship. These reports are, therefore, insufficient to establish appellant's claim.<sup>10</sup>

In her July 13, 2018 report, Dr. Meyers diagnosed tendinitis of the right patellar tendon, tendinitis of the right quadriceps tendon, osteoarthritis of the right knee, and hemarthrosis of the right knee. She reported that the hemarthrosis was secondary to the use of his Coumadin medication use/osteoarthritis of right knee/exacerbation of right knee osteoarthritis due to an increase in repetitive movement at work during the spring break travel season. Dr. Meyers opined that the underlying cause of appellant's symptoms was his right knee arthritis and Coumadin medication use, a nonindustrial condition. She further opined that without appellant's repetitive employment activity of lifting and carrying heavy suitcases on or around April 22, 2018, the preexisting condition would not have become disabling or required medical treatment. While Dr. Meyers implied in this report that appellant's employment duties aggravated his preexisting nonindustrial conditions, she did not sufficiently explain how these employment duties caused, aggravated, or accelerated his preexisting conditions. Moreover, Dr. Meyers failed to discuss whether appellant's preexisting injury had progressed beyond what might be expected from the natural progression of that condition.<sup>11</sup> A well-rationalized opinion is particularly warranted when there is a history of a preexisting condition.<sup>12</sup> As such, this report is insufficient to establish the claim.

As the record does not contain a well-rationalized report on the issue of causal relationship, the Board thus finds that appellant has not met his burden of proof.<sup>13</sup>

Appellant may submit additional evidence, together with a written request for reconsideration, to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

### **CONCLUSION**

The Board finds that appellant has not met his burden of proof to establish that his diagnosed right knee conditions were causally related to the accepted April 22, 2018 employment incident.

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<sup>10</sup> See *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>11</sup> *R.E.*, Docket No. 14-868 (issued September 24, 2014).

<sup>12</sup> *R.M.*, Docket No. 18-1363 (issued February 6, 2019); *Michael S. Mina*, 57 ECAB 379 (2006).

<sup>13</sup> *T.O.*, Docket No. 18-0139 (issued May 24, 2018).

**ORDER**

**IT IS HEREBY ORDERED THAT** the August 17, 2018 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 15, 2019  
Washington, DC

Christopher J. Godfrey, Chief Judge  
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Deputy Chief Judge  
Employees' Compensation Appeals Board

Alec J. Koromilas, Alternate Judge  
Employees' Compensation Appeals Board